

Scholar Application
Fulbright Visiting Specialists Program: *Direct Access to the Muslim World*
Calendar Year 2006

SCHOLAR PROFILE

1. Prefix: Dr. ☐ Mrs. ☐ Ms. ☐ Mr. ☐ 2. Gender: Female ☐ Male ☐

3. Name:
Last, First, Middle

4. Current academic/professional title:
Current position, Department, University

5. Contact Information at Office/Department:

Street address, City, State, Postal code, Country

Work telephone, Work fax, Work email

6. Date of birth: Month, Day, Year 7. Place of birth: City, Country

8. Country(ies) of citizenship:

9. Do you have or are you in the process of obtaining U.S. permanent residency? Yes ☐ No ☐

10. Your previous Fulbright experience.

Year, US host institution, city, state, postal code

11. Academic credentials: (please list the highest three degrees)

Name of Diploma/Degree	Field of Study	Name/location of Institution	Date Received

12. Host institution which is requesting you as their preferred Specialist:

(Write only if you are specifically requested by a US institution which is applying for this grant.)

13. Are you willing to participate in this program even if you are not assigned to the above institution? Yes ☐ No ☐

14. Available dates to undertake program:

Certification: By checking the box below, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of the information I have given on this form. Falsification of information may result in termination of any award granted. The application becomes the property of CIES.

Certify ☐
Date:

Name: